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the village to foment prejudice against him. The interest in the case for the psychology of testimony lies partly in the example it affords of the development of rumors, and of the effect upon the minds of young girls of stories connected with alleged sex offenses, and partly in the role played by the psychological expert in coming to the defense of the teacher.

Professor Marbe presented to the court a fairly lengthy summary of the investigations made by psychologists into the nature of the testimonial process, in the course of which he made clear the necessity of taking a critical attitude toward the testimony of children, the necessity of eliminating suggestive questions when securing information from children, and of discounting evidence offered by young girls on a matter of sex, even when the testimony seemed at first to show general agreement among the various witnesses. His presentation was reinforced by the narration of a number of concrete examples of these principles.

Marbe then applied these principles to the case before the court and presented a very interesting analysis of the testimony offered by the young girls, showing how they had all been influenced by the testimony of a single girl, who was herself conclusively proved to be quite unreliable, how girls of this age might start from a few not clearly understood facts and weave from them a tissue of testimony that seemed to have verisimilitude, and how the collection of this testimony had been accomplished by the psychologically unwarranted method of asking questions that could be answered only by "yes" or "no," thus giving free rein to the operation of suggestion emanating from the examiner. The girls really did nothing but affirm what the questioner had implied in his questions. Their evidence was self-contradictory when put to the test of careful analysis, was logically absurd, and varied from day to day—usually growing in enormity of the alleged offences until Marbe took the stand, when they broke down and confessed to their false accusations, all save two girls whose evidence was eventually disproved by medical examination of their own persons. Marbe also criticized the court for failing to take exact stenographic reports of the evidence secured by the question-and-answer method, since the result of this failure was to obscure the precise statements of the girls, to distort their statements and to render it difficult to disentangle accurate statements of fact from invented and imaginary replies made to fit the form of the examiner's questions.

Marbe's testimony aroused considerable hostility on the part of the prosecution, but it had its due effect upon the court, so that the teacher was acquitted. The case, then, adds one more to the number in which the work of psychologists has been of direct concrete value in the courtroom.

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G. M. WHIPPLE.

GENERAL PARESIS. By *Prof. Emil Kraepelin*, Munich. Translated by J. W. Moore, M. D. *Nervous and Mental Disease Monograph*, Series No. 14. Pp. 197. Nervous and Mental Disease Publishing Co., New York, 1913.

Kraepelin's publications on psychiatric subjects have for several

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years been regarded as authoritative text books on mental disease, and (his volume adds further proof of his ability as a psychiatrist and medical writer. The subject matter is presented in a lucid and comprehensive manner and covers the whole field of research work relating to the subject of paresis.

This monograph consists of seven chapters. The first chapter is introduced by a brief mention of the early history of paresis. This is then followed by a detailed review of the general symptomatology of this disease. Considerable attention is devoted to the discussion of the methods of the cytological examination as performed by Alzheimer, Schaefer, Nonne, Apelt, Wassermann and Plaut.

The second chapter describes the difficulties that have been encountered when endeavors were made to classify this disease on a physical or psychical basis, and though the author, for purposes of description, makes four chief clinical divisions, he very aptly states: "If we distinguish, as is the usual custom, the following principal forms of paresis, the demented, the depressive, the expansive and the agitated, we must not be deluded into believing other than that such a grouping is entirely arbitrary and that its only value is to facilitate the presentation of the subject. The same holds for any other of the numerous attempts to classify the clinical material solely in a basis of psychic or physical signs."

Kraepelin states that the demented form is the most frequent type of paresis with which he has to deal. He finds this type in 56 per cent of the men and in 73 per cent of the women, and he gives the average duration as 30.05 months in men and as 26.4 in the women. In the "classical" or grandiose form he found that convulsions were much less frequent and remissions more common than in the demented type. The expansive form was observed to occur later in life and more frequently in men.

The symptoms of the depressed and agitated forms are carefully portrayed and their clinical distinction made very clear. The course of the disease as observed by him is then compared with the findings of his German confreres, some of whom report cases of paresis lasting as long as twenty and thirty years, but Kraepelin has very serious doubts as to the accuracy of the diagnosis of these reported cases. He reports no cases of cure and he states that the regular termination is death and tacitly says: "In fact, one does well to regard with greatest skepticism cases of 'cured' paresis, since Nasse found that of six recovered cases observed by him, only one failed to have a relapse, and in this one the diagnosis was not free from doubt."

The third chapter is devoted to the discussion of the pathology of general paresis. The gross changes are described first and these are concerning the changes in the weight and shape of the bones of the skull, the loss of brain weight, atrophy, distortion of the convolutions and the characteristic inflammation of the meninges. Barratt in his chemical study of the brain substance found that the sulphur content of the brain was lowered. A complete survey of the most important histopathological work is given, including the studies of Tuzceck, Weigert,

Fischer, Schaffer, Broadmann, Sciuti, Nissl, Sträussler, Alzheimer and Racke.

The cord affections which occur in general paresis are also described in this chapter, and these are said to be a degeneration of the lateral and posterior columns which resembles the pathological conditions found in tabes. The changes found in the viscera and the cardio-vascular system are also described. No mention is made, however, of the finding of the spirocheta pallida in the brain substance of paretics by Noguchi, and it is very probable that this monograph went to press before this discovery. The finding of the spirocheta pallida has, to my mind, absolutely established the pathogenesis of general paralysis, which has so long been a puzzle to the psychiatrist. The helplessness of the disease is thereby somewhat relieved. New methods of treatment may be evolved.

The subject of etiology is thoroughly discussed. It is pointed out that males are more susceptible than females, also that racial, climatic and geographical distribution exercise but little influence for the development of paresis. Concerning this subject Kraepelin forcibly states: "Nor can climate play any important role, since in all latitudes there are countries in which paresis is rare and, what is more significant, Europeans in other climates are just as apt to become paretic as in their home countries. We are drawn much rather to the conclusion, from the considerations mentioned, that paresis stands in some casual relation with the general habits of life, such as those which prevail in middle Europe and which have spread with Europeans to other lands."

Kraepelin found that the greater number of paresis develop between the ages of 35 and 45 years in men and between 40 and 45 in women, but it is suggested that the climacterium may exert an influence. Juvenile paresis also receives its full share in the chapter. While heredity plays the important part in juvenile paresis, its action is less potent in this disease than in any other forms of mental alienation. Schlegel reports defective heredity in 56.6 per cent cases.

"We must regard syphilis as the only essential cause of paresis.
* * * The last link in the chain of proof of the syphilitic origin of paresis is closed through cytological and serological studies. Both have shown us that in paresis we regularly find those conditions which are characteristic of syphilis—increase of cells in the spinal fluid and occurrence of plasma cells and complement-fixation in this fluid and in the blood serum."

Chapter six is devoted to the discussion and the diagnosis. "The recognition of general paresis is one of the most important problems of psychiatrists, because upon it depend, almost always, important legal measures, especially of a domestic nature (separations, dissolutions of business)."

After stating the difficulties of early differential diagnosis, the author concludes this chapter by saying that the cytological and serological tests are the determining ones and that a lumbar puncture should be performed in every possible case.

The last chapter is introduced by the terse statement that "the combating of paresis must begin with prevention." Alcohol is a most

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pernicious factor, and if syphilis is to be restricted, so must be the use of alcohol.

The frequent examination of the spinal fluid and blood is necessary, and the necessity of continuous and vigorous anti-syphilitic treatment is demanded in all cases of syphilis. But once the paresis has begun, it is the universal opinion that the use of mercury is decidedly dangerous. The use of atoxyl, tuberculin, bacterial toxins, nucleinic acid, lecithin and paretic serum are briefly described, but not in any way approved. The author states that the value of "606" is still unknown and the future only can determine the results of its use. The treatment in general is dietetic, hygienic and symptomatic; much stress is laid on careful nursing and the importance of hydrotherapy in the form of warm baths.

In conclusion of this brief review it may well be said that those interested in psychiatry will do well to study this valuable contribution to that subject.

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PAUL E. BOWERS, M. D.

KRANKHEIT UND SOZIALE LAGE. Three volumes, by *Dr. M. Mosse* and *Dr. G. Tugendreich*. J. F. Lehmanns, Münschen, 1912. Pp. 495, 230 and 696, M. 6, 6 and 3.

The editors of this handbook on the correlation between disease and economic condition asked several prominent physicians, statisticians and government officials for the contributed articles, hence the reason for slight differences of opinion in the work. It presents what German scientists believe to be an exact presentation of the interrelationship between disease and economic condition. As it is a handbook for Germany, its arguments are from a national point of view, and only occasionally are European statistics quoted. While differences in racial, climatic and social conditions prevent generalization, all countries will sooner or later have to meet similar perplexing problems. In the United States these problems will be particularly difficult to solve, owing to the lack of reliable statistical material and to the widespread puritanical point of view, which so successfully interferes with an absolutely free discussion of questions pertaining to sex and vice. It will be a distinct advantage to Americans to learn how an industrialized country on the other side of the Atlantic is trying to meet and handle these issues; on this account the book will be reviewed at some length.

In opposition to the bacteriological school, which attaches little value to economic conditions as disease furthering and breeding causes, the editors of the handbook desire to bring out their great importance. While natural causes like bacteria, dust and poisonous fumes are responsible for the morbidity and mortality of the population without class distinction, economic conditions, like housing, wages, hours of labor and others affect particularly the health of the lower strata of society.

Adequate morbidity statistics, except for a few diseases, for which Germany has compulsory notification, do not exist. Even if physicians published their case records, the material would be unsatisfactory. In